SUPPLEMENT 9 TO ATTACHMENT 2.6-A Revision: HCFA-PM-91-4 (BPD) Page 1 AUGUST 1991 ... OMB No.: 0938-STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT WASHINGTON State: ____ TRANSFER OF RESOURCES The agency provides for the denial of eligibility by reason of disposal of resources for less than fair market 1902(f) and 1917 of the Act value. The criteria specified in Sections 1613(a), 1917(c) and 1924(f) of the Social Security Act are followed.

HCFA ID: 7985E

TN No.

Supersedes
TN No.

Revision: HCFA-PM-91-4 (BPD)

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STATE	PI.AN	UNDER	TITLE	XIX	OF	THE	SOCIAL	SECURITY	ACT

State: _____

b. // The period of ineligibility is less than 24 months, as specified below:

The agency has provisions for waiver of denial of eligibility in any instance where the State determines that a denial would work an undue hardship.

TN No. 9722 Supersedes TN No. 85-10 Approval Date 1/21/02 Effective Date 11/10/

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2.	Transfer of the home of an individual who is an	
	inpatient in a medical institution.	

- A period of ineligibility applies to inpatients in an SNF, ICF or other medical institution as permitted under section 1917(c)(2)(B)(i).
 - a. Subject to the exceptions on page 2 of this supplement, an individual is ineligible for 24 months after the date on which he disposed of the home. However, if the uncompensated value of the home is less than the average amount payable under this plan for 24 months of care in an SNF, the period of ineligibility is a shorter time, bearing a reasonable relationship (based on the average amount payable under this plan as medical assistance for care in an SNF) to the uncompensated value of the home as follows:

TN No. 4/32 Supersedes	Approval	Date	# 1/21/92	Effective	Date	4/101
TN No. $\underline{\hspace{1cm}}) > -/C$						-

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State:

Subject to the exceptions on page 2 of this supplement, if the uncompensated value of the home is more than the average amount payable under this plan as medical assistance for 24 months of care in an SNF, the period of ineligibility is more than 24 months after the date on which he disposed of the home. The period of ineligibility bears a reasonable relationship (based upon the average amount payable under this plan as medical assistance for care in an SNF) to the uncompensated value of the home as follows:

TN No. 272 Supersedes TN No. 54(Approval Da	ate	/1/2_ Effec	ctive	Date _	11/1/1/
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	
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No individual is ineligible by reason of item A.2

- (i) A satisfactory showing is made to the agency (in accordance with any regulations of the Secretary of Health and Human Services) that the individual can reasonably be expected to be discharged from the medical institution and to return to that home;
- (ii) Title to the home was transferred to the individual's spouse or child who is under age 21, or (for States eligible to participate in the State program under title XVI of the Social Security Act) is blind or permanently and totally disabled or (for States not eligible to participate in the State program under title XVI of the Social Security Act) is blind or disabled as defined in section 1614 of the Act;
- (iii) A satisfactory showing is made to the agency (in accordance with any regulations of the Secretary of Health and Human Services) that the individual intended to dispose of the home either at fair market value or for other valuable consideration; or
- (iv) The agency determines that denial of eligibility would work an undue hardship.

TN No. 7/22. Supersedes TN No. 76-10	Approval	Date	1/21/92	Effective	Date	11/1/91

HCFA ID: 7985E

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	STATE P	LAN UNDER	TITLE XIX	OF THE SOCIA	L SECURITY AC	T
	State: _					
		3. 1902	2(f) States			
		<i>_</i> 7	Social S resource	ecurity Act, criteria mon	of section 15 the following re restrictive ction 1917(c)	g transfer of e than those
	I	supplem eligibi	ment, the p ility by re	rocedures for		
•		1. If to	the uncompe less:	nsated value	of the trans	fer is \$12,000
			the uncompe n \$12,000:	nsated value	of the trans	fer is more
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SUPPLEMENT 9 TO ATTACHMENT 2.6-A Revision: HCFA-PM-91-4 (BPD) AUGUST 1991 Page 7 OMB No.: 0938-STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State: 3. If the agency sets a period of ineligibility of less than 24 months and applies it to all transfers of resources (regardless of uncompensated value): 4. Other procedures:

1/21/02

Effective Date

HCFA ID: 7985E

Approval Date

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TN No.

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FEBRUARY 1985

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Washington

TRANSFER OF PESOURCES

1902(f) and of the Act	1917	Dollar Amon Uncompensated		Months of Ineligibility		
		\$ 1,001 - 2,001 - 3,001 - 4,001 - 5,001 - 6,001 - 7,001 - 10,001 - 11,001 - 12,001 - 12,001 - 13,501 - 15,001 - 16,501 - 18,001 - 21,001 - 21,001 - 21,001 - 22,501 24,001 - 25,501 24,001 - 25,501 27,001 - 25,501 27,001 - 31,668 - 33,334 - 40,001 - 41,668 - 43,334 - 46,668 - 48,334 - 46,668 - 48,334 - 46,668 - 48,334 -	1,000 2,000 3,000 4,000 5,000 6,000 7,000 10,000 11,000 12,000 13,500 15,000 15,000 16,500 21,000 22,500 24,000 25,500 27,000 28,500 27,000 28,500 27,000 28,500 30,000 31,667 33,333 40,000 41,667 43,333 45,000 41,667 48,333 45,000	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 22 23 24 25 27 28 29 30 31 32 33 34 35 36		

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Effective Date